



BASIC INFORMATION

DESCRIPTION

Joint inflammation that accompanies psoriatic lesions in nearby nails and skin. It can affect joints in any part of the body, but most likely in finger joints, low-back and neck joints in the spine. The disorder is usually mild and tends to begin between ages 30 and 35, and it continues intermittently throughout life.

FREQUENT SIGNS AND SYMPTOMS

- Pain, swelling, restricted movement, tenderness and warmth in the affected joint.
- Scaling skin.
- Pitted, ridged, yellow nails.
- Tiredness and fever (sometimes).

CAUSES

- Predisposition to psoriatic arthritis may be hereditary.
- Immunological response to a streptococcal infection.
- Unknown (usually).
- Physical or emotional trauma (rare).

RISK INCREASES WITH

- Streptococcal infections (rare).
- Family history of rheumatoid arthritis or psoriasis.

PREVENTIVE MEASURES

Obtain prompt antibiotic treatment for streptococcal infections.

EXPECTED OUTCOMES

This condition is currently considered incurable. It is characterized by acute flare-ups and remissions. However, symptoms can be relieved or controlled, and medical literature cites a few instances of unexplained recovery. Scientific research into causes and treatment continues, so there is hope for increasingly effective treatment and cure.

POSSIBLE COMPLICATIONS

Progression to chronic arthritis and severe crippling may occur (rare).



TREATMENT

GENERAL MEASURES

- Diagnostic tests may include laboratory blood studies to detect a rheumatic factor and measure antinuclear antibodies (ANA) and X-ray.
- Treatment is directed at control of skin lesions and joint inflammation.
- Immobilize inflamed joints with splints.
- Use heat to relieve joint pain. Hot soaks, whirlpool treatments, heat lamps, ultrasound or diathermy are all effective.
- Schedule periods for regular, moderate exposure to sunlight. If heat does not help, try cold compresses.
- PUVA therapy, high-intensity ultraviolet light along with psoralen medication is effective for the skin lesions.
- Additional information available from the Arthritis Foundation, 1314 Spring Street N.W., Atlanta, GA 30309, (800) 283-7800.

MEDICATIONS

- For minor discomfort, you may use non-prescription drugs such as aspirin.
- To reduce joint inflammation, non-steroidal anti-inflammatory drugs, cortisone injections into inflamed joints (occasionally) and immunosuppressive drugs such as methotrexate may be prescribed.

ACTIVITY

Rest inflamed joints during flare-ups, then resume your normal activities gradually. Try to increase outdoor activity in sunshine.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of psoriatic arthritis.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects.